

D.I. # _____

**CIVIL ACTION
NUMBER:** _____

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.11
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.36
TO: N MEYERS	
Sent To	DEPUTY ATTORNEY GENERAL
	DEPARTMENT OF JUSTICE
Street, Apt. No., or PO Box No.	820 N. FRENCH STREET
City, State, ZIP+4	WILMINGTON, DE 19801
PS Form 3800, June 2002 See Reverse for Instructions	

7005 1820 0004 3169 6701

RECEIVED
AUG 17 2006
RODNEY S.
WYOMING
19801

Postmark
Here

06-421JJF